

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	Cardiac Stimulation Apparatus With Multiple Input Sense Amplifiers																						
Application Number : Date : First Named Applicant: William B. Rottenberg Attorney Docket Number: 4072-030																							
TOTAL FEE AUTHORIZED \$ 421 Patent fees are subject to annual revisions on or about October 1st of each year.																							
Filing as small entity																							
BASIC FILING FEE																							
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	385	385	Subtotal For Basic Filing Fees: \$ 385											
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EXTRA CLAIM FEES																							
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 24</td><td>4</td><td>2202</td><td>9</td><td>36</td></tr><tr><td>Independent Claims : 3</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td colspan="4"></td><td>Subtotal For Extra Claims Fees: \$ 36</td></tr></tbody></table>				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 24	4	2202	9	36	Independent Claims : 3	0	2201	43	0					Subtotal For Extra Claims Fees: \$ 36
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AUTHORIZED BILLING INFORMATION																							
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																							
Credit account number:	1634																						
Expiration Date (YYYYMMDD):	2004-01-31																						
Authorized name:	John R. Merkling																						
Billing address:	77531-2229																						